Form 5500-SF Short Form Annual Return/Report of Small Emplo						YEE OMB Nos. 1				
	rtment of the Treasury nal Revenue Service	This form is required to be filed	Senefit Plan I under sections 104 ar	nd 4065 of the Employee	е		013			
Employee B	Department of Labor Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 60 Employee Benefits Security Administration the Internal Revenue Code (the Code).						This Form is Open to Public Inspection			
Pension Be	enefit Guaranty Corporation	Complete all entries in accord	lance with the instruc	tions to the Form 5500)-SF.	1115	pection			
Part I		lentification Information								
For calend	ar plan year 2013 or fisca		3	and ending 1	2/18/2	2013				
A This ret	urn/report is for:	X a single-employer plan	a multiple-employer pl	an (not multiemployer)) a one-participant plan					
B This ret	urn/report is:	the first return/report	the final return/report							
		an amended return/report	a short plan year returr	n/report (less than 12 mo	onths)				
C Check	box if filing under:	Form 5558	automatic extension			DFVC progra	m			
	Γ	special extension (enter description	n)			_				
Part II	Basic Plan Inform	nation—enter all requested informa	ation							
1a Name		·			1b	Three-digit				
CONNECTIO	CUT CARPENTRY CORI	PORATION				plan number	001			
					10	(PN)	001			
					1c	Effective date or 01/01	•			
	ponsor's name and addro	ess; include room or suite number (er PORATION	mployer, if for a single-	employer plan)	2b	Employer Identii (EIN) 06-08	fication Number			
4050 011 4 0				·	2c	Sponsor's telep 860-57	hone number			
	DEANE HIGHWAY L, CT 06067-1319			·	2d	Business code (23611	see instructions)			
3a Plan a	dministrator's name and	address XSame as Plan Sponsor N	ame Same as Plan	Sponsor Address	3b	Administrator's EIN				
name	, EIN, and the plan numb	lan sponsor has changed since the la per from the last return/report.	ast return/report filed fo	or this plan, enter the		EIN				
<u> </u>	or's name				4c PN					
5a Totalı	number of participants at	the beginning of the plan year			5a		7			
		the end of the plan year			5b	b				
	· ·	count balances as of the end of the p			5c		0			
-		luring the plan year invested in eligibl					X Yes No			
b Are yo	ou claiming a waiver of th	ne annual examination and report of a See instructions on waiver eligibility a	in independent qualifie	d public accountant (IQF	PA)		X Yes No			
		er line 6a or line 6b, the plan canno								
c If the p	olan is a defined benefit p	plan, is it covered under the PBGC in	surance program (see	ERISA section 4021)?		Yes No	Not determined			
Caution: A	penalty for the late or	incomplete filing of this return/rep	ort will be assessed i	unless reasonable cau	se is	established				
Under pena SB or Sche	alties of perjury and othe	r penalties set forth in the instructions signed by an enrolled actuary, as we	s, I declare that I have	examined this return/rep	ort, ir	ncluding, if applic				
SIGN	Filed with authorized/va	lid electronic signature.	07/21/2014	ELENA FONTAINE						
HERE	Signature of plan adr	ninistrator	Date	Enter name of individual signing a		ning as plan adn	ninistrator			
SIGN						, , , , , , , , , , , , , , , , , , , ,	-			
HERE	Signature of employe	r/nlan snonsor	Data	Entor name of individu			r or plop opprage			
Prenarer's	Signature of employe name (including firm name	er/pian sponsor ne, if applicable) and address; include	Date e room or suite number	Enter name of individu	_		r or plan sponsor number (optional)			
		······································		()			()			

Pa	t III Financial Information	_								
7	an Assets and Liabilities (a) Beginning of Ye			ır			(b) End	of Y	ear	
а	Total plan assets	. 7a	29162	6				C)	
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	29162	6					0	
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) ⁻	Fotal		
а	Contributions received or receivable from:									
	(1) Employers	8a(1)			_					
	(2) Participants	8a(2)								
<u> </u>	(3) Others (including rollovers)	8a(3)	4540	-						
	Other income (loss)	8b	1546	5	_					
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c			_				15465	
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	30621	6						
	Certain deemed and/or corrective distributions (see instructions)	8e								
	Administrative service providers (salaries, fees, commissions)	8f	87	5	-					
q	Other expenses	8g								
	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						3	307091	
	Net income (loss) (subtract line 8h from line 8c)	8i						-2	291626	;
	Transfers to (from) the plan (see instructions)	8j								
Par	t IV Plan Characteristics	9								
	If the plan provides pension benefits, enter the applicable pension	feature co	des from the List of Plan Chara	acterist	ic Co	des in	the instru	ctions	:	
	2A 2E 2F 2G 2J 2K 2T 3D									
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	es from the List of Plan Chara	cteristic	: Cod	es in tl	he instruc	tions:		
Der										
Part					Vee	Na				
10					Yes	No		Amo	ount	
a	a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)			10a		Х				
b						Х				
	on line 10a.)			10b						
С	Was the plan covered by a fidelity bond?			10c		Х				
d		•				х				
	or dishonesty?			10d						
e	Were any fees or commissions paid to any brokers, agents, or oth insurance service, or other organization that provides some or all					×				
	instructions.)			10e		Х				
f	Has the plan failed to provide any benefit when due under the pla	n?		10f		Х				
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х				
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR			Х				
<u> </u>	2520.101-3.)			10h		^				
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10			10i						
Part		1-0								
11	Is this a defined benefit plan subject to minimum funding requirem	ents? (If "	Yes " see instructions and com	inlete 9	Sched	lule SF	R (Form	1		
	5500) and line 11a below)								Yes	X No
11a	Enter the unpaid minimum required contribution for current year fr	om Sched	ule SB (Form 5500) line 39			11a				
12	Is this a defined contribution plan subject to the minimum funding	requireme	ents of section 412 of the Code	e or sec	tion 3	302 of	ERISA?		Yes	X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,							· -		
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.				and e	enter th Day	ne date of	the le Yea		ing
lf	you completed line 12a, complete lines 3, 9, and 10 of Schedul									
b	Enter the minimum required contribution for this plan year				.	12b				

C	Enter the amount contributed by the employer to the plan for this plan year	12c					
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d					
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No	N/A		
Part	VII Plan Terminations and Transfers of Assets						
13a	Has a resolution to terminate the plan been adopted in any plan year?	. X Y	′es	No			
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a			0		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		X Yes	No		
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to					
1	3c(1) Name of plan(s):	3c(2) El	N(s)	13c(3)	13c(3) PN(s)		
Part	VIII Trust Information (optional)						
14a	Name of trust	14b Trust's EIN					

		T					
	Form 5500-SF	Short Form Annual		of Small Emplo	oyee		OMB Nos. 1210-0110 1210-0089
	Department of the Treasury Internal Revenue Service	Benefit Plan This form is required to be filed under sections 104 and 4065 of the Employ					2013
	Department of Labor nployee Benefits Security Administration	Retirement Income Security Act the Inter	58(a) of	Inis Form i	s Open to Public		
P	ension Benefit Guaranty Corporation	5500-SF.					
	Int I Annual Report Id	entification information					
For	calendar plan year 2013 or fisca	al plan year beginning	01/01/2013	and ending		12/18/201	3
A	This return/report is for:	a single-employer plan	a multiple-employer	olan (not multiemployer)	a one-partici	oant olan
B	This return/report is:] the first return/report	the final return/report		,		oun plan
	Γ	an amended return/report	🛛 a short plan year retu	m/report (less than 12 r	months)		
C	Check box if filing under:	Form 5558	automatic extension			DFVC progra	m
	Γ	special extension (enter descrip	ution)				
Pa	rt II Basic Plan Inform	nation-enter all requested infor	mation			an a	
1a	Name of plan				1b	Three-digit	
(CONNECTICUT CARPENT	RY CORPORATION				plan number	
						(PN) 🕨	001
					1c	Effective date of	f plan
0-	B ¹					01/01/2002	2
22	CONNECTICUT CARPENT	ess; include room or suite number	(employer, if for a single	-employer plan)	2b	Employer Identif	ication Number
	CONNECTION CARPENT	RI CORPORATION				(EIN) 06-086	3879
					2c	Sponsor's telepl	
1	.850 SILAS DEANE HI	GHWAY			24	(860) 571-	
F	ROCKY HILL		C TT	06067-1319	1	Business code (236110	see instructions)
3a	Plan administrator's name and a	address XSame as Plan Sponsor		n Sponsor Address		Administrator's E	
					00		
					3c	Administrator's to	elephone number
4 1	f the name and/or EIN of the pla	an sponsor has changed since the	a last return/report filed for	or this plan enter the	4b	EIN	
	name, EIN, and the plan numbe	er from the last return/report.			40		
	Sponsor's name				4c	PN	
		he beginning of the plan year			5a		7
		he end of the plan year			5b		0
°C I	Number of participants with according to the second	ount balances as of the end of the	plan year (defined bene	fit plans do not	5c		0
6a	Were all of the plan's assets du	ring the plan year invested in eligi	hie assets? (See instruc	tione)		L	
b /	Are you claiming a waiver of the	ennual examination and report of	f an independent qualifie	d public accountant (10			Yes No
4	Inder 29 CFR 2520.104-46? (S	ee instructions on waiver eligibility	and conditions.)				X Yes No
	f you answered "No" to eithe	r line 6a or line 6b, the plan can	not use Form 5500-SF	and must instead use	Form 5	500.	
CI	f the plan is a defined benefit pla	an, is it covered under the PBGC i	insurance program (see	ERISA section 4021)?			Not determined
Cauti	on: A penalty for the late or in	complete filing of this return/re	nort will be seeseed	unlage responship on			
Under	penalties of periury and other i	cenalties set forth in the instruction	s I declare that I have	warmined this setum/set	and inc	luding if another	
40.01	Schedule MB completed and si it is true, correct, and complete	iu ieu dy an enrolled actuary, as w	vell as the electronic vers	sion of this return/report	, and to	the best of my k	nowledge and
0101	5	1	7.0	-			
SIGN	find 1		7-18-14	Elena 1	TONT	raine	
	Signature of plan admi	nistrator	Date	Enter name of individu	ual sign	ing as plan admi	nistrator
SIGN	Shan (10	Fortering	7-18-14		•	Aine	
HERE	Signature of employer/	plan sponsor	Date	Enter name of individu			or plan sponsor
Frepa	rer's name (including firm name	, if applicable) and address; inclue	de room or suite number	(optional)	Prepa	rer's telephone n	umber (optional)
No.						1	
							1
				1			
		d OMB Control Numbers, see the ins					

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-	rt III Financial Information			and a contract of the second	ana manaka manana ana ana ana ana ana ana ana ana	
7	Plan Assets and Liabilities	T	(a) Beginning of Ye	aar	T	(b) End of Year
a	Total plan assets	. 7a		91,626		(b) End of Year
b	Total plan liabilities		allen son an		<u> </u>	
	Net plan assets (subtract line 7b from line 7a)		29	91,626		0
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount			(b) Total
а	Contributions received or receivable from:					(b) Total
-	(1) Employers	. 8a(1)				
Factory con	(2) Participants	8a(2)				
b	(3) Others (including rollovers)		-	- 465	ļ	
		8b		5,465		
d	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8c 8d	30	6,216		15,465
е	Certain deemed and/or corrective distributions (see instructions)	8e				
f	Administrative service providers (salaries, fees, commissions)	8f		875		
g		8g			The second second second	An and a subscription of the second
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h	and a solution of a second			307,091
i	Net income (loss) (subtract line 8h from line 8c)	8i	anna 1996 a' Childe a Childrean Annaichte Statean Statean St			(291,626)
j	Transfers to (from) the plan (see instructions)	8j				
Pa	t IV Plan Characteristics					
Married Contractor	If the plan provides pension benefits, enter the applicable pension 2A 2E 2F 2G 2J 2K 2T 3D If the plan provides welfare benefits, enter the applicable welfare fe V Compliance Questions					
10	During the plan year:			Tv	es No	
a	Was there a failure to transmit to the plan any participant contribut 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fidu	ions within the	e time period described in		X	Amount
	More there are a line in the second sec					
b	Were there any nonexempt transactions with any party-in-interest? on line 10a.)	? (Do not inclu	ide transactions reported	10b	X	
b	on line 10a.)		ide transactions reported	10b	х	
C	On line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's t	fidelity bond t	ide transactions reported	10b 10c		
c d e	On line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's to or dishonesty? Were any fees or commissions paid to any brokers, agents, or othe insurance service or other organization that provides some or all o instructions.)	fidelity bond, t er persons by f the benefits	and transactions reported that was caused by fraud an insurance carrier, under the plan? (See	10b	X X	
c d e	On line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's i or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o	fidelity bond, t er persons by f the benefits	and transactions reported that was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d	x x x	
c d e f	On line 10a.) Was the plan covered by a fidelity bond? Did the plan have a loss, whether or not reimbursed by the plan's or dishonesty? Were any fees or commissions paid to any brokers, agents, or other insurance service or other organization that provides some or all o instructions.) Has the plan failed to provide any benefit when due under the plan	fidelity bond, t er persons by f the benefits ?	an insurance carrier, under the plan? (See	10b 10c 10d 10e 10f	X X X X	
c d e f g	On line 10a.)	fidelity bond, t er persons by f the benefits ? of year end.) See instruction	that was caused by fraud an insurance carrier, under the plan? (See	10b 10c 10d 10e	X X X X X X	
c d e f g h i	On line 10a.)	fidelity bond, t er persons by f the benefits ? of year end.) See instruction	that was caused by fraud an insurance carrier, under the plan? (See and 29 CFR	10b 10c 10d 10e 10f 10g	X X X X X X X X	
c d f g h i Part	On line 10a.)	fidelity bond, t er persons by f the benefits ? s of year end.) See instruction e required not -3.	an insurance carrier, under the plan? (See an and 29 CFR ice or one of the	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X X X X X	
c d e f g h i Part	On line 10a.)	fidelity bond, t er persons by f the benefits ? s of year end.) See instruction e required not -3 	an insurance carrier, under the plan? (See an and 29 CFR ice or one of the see instructions and com	10b 10c 10d 10e 10f 10g 10h 10h		orm
c d e f g h i Part 11	On line 10a.)	fidelity bond, t er persons by f the benefits ? s of year end.) See instruction e required not -3 	an insurance carrier, under the plan? (See an and 29 CFR ice or one of the see instructions and com	10b 10c 10d 10e 10f 10g 10h 10h		orm
c d e f j h i Part	On line 10a.)	fidelity bond, t er persons by f the benefits ? of year end.) See instruction e required not -3 	an insurance carrier, under the plan? (See an insurance carrier, under the plan? (See and 29 CFR ice or one of the see instructions and com SB (Form 5500) line 39	10b 10c 10d 10e 10f 10g 10h 10i	X X X X X X X edule SB (Fo	Yes 🛛 No
c d e f g h i Part 11 11a 12	On line 10a.)	fidelity bond, t er persons by f the benefits ? 	ade transactions reported hat was caused by fraud an insurance carrier, under the plan? (See ins and 29 CFR ice or one of the see instructions and com SB (Form 5500) line 39 of section 412 of the Code	10b 10c 10d 10d 10e 10f 10g 10h 10i or sectio	X X X X X X X X X X A X A X A A A A A A	Yes X No
c d e f g h i 11 11a 12 a	On line 10a.)	fidelity bond, t er persons by f the benefits ? of year end.) See instruction e required not -3	ide transactions reported hat was caused by fraud an insurance carrier, under the plan? (See 	10b 10c 10d 10d 10f 10g 10h 10i 0lete Sch	X X X X X X X X X X A X A X A A A A A A	Yes X No
c d e f g h i Part 11 11a 12 a lfy	On line 10a.)	fidelity bond, t er persons by f the benefits ? of year end.) See instruction a required not -3 	the transactions reported hat was caused by fraud an insurance carrier, under the plan? (See and 29 CFR ice or one of the see instructions and com of section 412 of the Code this plan year, see instruc Mont 00), and skip to line 13.	10b 10c 10d 10d 10f 10g 10h 10i 0lete Sch	X X X X X X X X X X X X X X A D A D	SA? Yes X No

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c	Enter the amount contributed by the employer to the plan for this plan year	12c	T		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	120	+	a data se su de la compañía de la co	and the state of the
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Π Ye	sПN	о П N/A
Part	VII Plan Terminations and Transfers of Assets	The second second			
13a	Has a resolution to terminate the plan been adopted in any plan year?	X	Yes [No	
manus	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a	T		0
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		1		Yes 🗌 No
C	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) is which assets or liabilities were transferred. (See instructions.)	0		<u> </u>	
1	3c(1) Name of plan(s):	3 c(2) ⊟	IN(s)	1	3c(3) PN(s)
Part	VIII Trust Information (optional)				2
	lame of trust				
1-70		14b T	rust's E	IN	